

IOWA ATHLETIC COMMISSION: Official Weigh-In Form

100-0000 (02/14)

Weigh-In Date:		Event Date:		Event Type: Check Box		MMA		Pro Boxing		Pro Kickboxing
Event Name:				Promoter Name						
Weigh-In Location:				City:			State:	IOWA	Zip Code:	

<u>Weight Class:</u>	<u>Blue Corner Fighter:</u>	<u>Blue Weight:</u>	<u>Red Weight:</u>	<u>Red Corner Fighter:</u>	<u>Notes</u>
Bout:1 ____lbs	_____			_____	3x __
Bout:2 ____lbs	_____			_____	3x __
Bout:3 ____lbs	_____			_____	3x __
Bout:4 ____lbs	_____			_____	3X __
Bout:5 ____lbs	_____			_____	3x __
Bout:6 ____lbs	_____			_____	3x __
Bout:7 ____lbs	_____			_____	3X __

Bout:8 ____lbs	_____			_____	3x__
Bout:9 ____lbs	_____			_____	3x__
Bout:10 ____lbs	_____			_____	3x__

Attending Weigh In Official(s) and/or Deputy Commissioner(s)

1.	2.	
3.	4.	

<p>PLEASE READ COMPLETELY</p> <p>I certify that the fighters on the attached form were weighed in by me with an accurate scale on the date listed above. The weight listed in the "weight" column on the attached page is a true and accurate reflection of the exact weights of all fighters on the date listed. All fighters had an opportunity to observe their opponent weigh-in and all fighters were weighed in on the same date. Any exceptions to this procedure are explained above or on an attached page. Furthermore, a summary of any disputes which arose at the weigh-in, including the resolution or ruling by the Weigh-In Official is attached. Furthermore, all fighters were offered a copy of the Iowa MMA Rules at the time of the weigh-in.</p>			
Official in Charge of Weigh-In			

Please type or print legibly

Signature of Weigh-In Official

Date